

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 167
Registered No. 132

PLACE OF BIRTH
County Isila State Ariz.
District or Township Globe or Village _____
City _____ No. _____ St. _____ Ward _____

Full name of child Dora Castellano (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? Yes 7. Date of birth July 17, 1929
Month Day Year

FATHER
Full name Feliciano Castellano 14. MOTHER
Full maiden name Maria Louisa Trudine
Residence (Usual place of abode) Globe Ariz. 15. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state. If non-resident, give place and state.

1. Color or race Mex 11. Age at last birthday 30 (Years) 16. Color or race Mex 17. Age at last birthday 24 (Years)

2. Birthplace (city or place) Mexico (State or country) 18. Birthplace (city or place) Mexico (State or country)

3. Occupation Labarer Nature of industry 19. Occupation Housewife Nature of industry

8. Number of children of this mother 6 (a) Born alive and now living 4 21. Were precautions taken against ophthalmia neonatorum? Yes
(b) Born alive but now dead 2
(c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at Globe, Ariz. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature T. C. Harper (Physician or midwife)
Physician

Even name added from supplemental report _____ Address Globe, Arizona
Month, day, year

Filed 8/7 1929 H. E. Wightman Registrar
Registrar